
The United States Navy on the World Wide Web
A service of the Navy Office of Information, Washington DC
send feedback/questions to comments@chinfo.navy.mil
The United States Navy web site is found on the Internet at
<http://www.navy.mil>

Navy & Marine Corps Medical News
MN-00-11
March 17, 2000

The Navy Bureau of medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

MEDNEWS is a weekly compendium of news and information contributed by commands throughout the Navy Medical department. Information containing MEDNEWS stories is not necessarily endorsed by BUMED, nor should it be considered official Navy policy.

To achieve maximum medical information distribution, your command is highly encouraged to distribute MEDNEWS to ALL HANDS electronically, include MEDNEWS in command newspapers, newsletters and radio and TV news programs.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their name.

-USN-

Contents for this week's MEDNEWS:

Headline: Ship's medical response team example of speed and efficiency

Headline: NMCP does more for pediatric cancer patients

Headline: Dental technician nominated for Sailor of the Year honors

Headline: Senior medical officers trained for the Fleet

Headline: Swimmer gets second chance at life

Headline: Reserve fleet hospital teams train in cold weather

Headline: Dental Center REACHes out with health promotions

Headline: Award for Excellence in Military Medicine nominations

Headline: Anthrax question and answer

Headline: TRICARE question and answer

Headline: Healthwatch: How to reduce your risk of tooth decay

-USN-

Headline: Ship's medical response team example of speed and efficiency

By JO1(AW) Kori Ahola

USS GEORGE WASHINGTON (CVN 73) AT SEA -- A medical

emergency has been called away on George Washington, and the medical 'rabbit' runs down the ship's passageways, and no one yells for him to walk. That's because the rabbit, this time Hospital Corpsman 2nd Class Fredrick Lomasney, is rushing to the emergency. He's the initial medical response and his timely arrival may mean the difference between life and death.

"It's my job to get there as fast as possible and to keep the patient alive until the rest of the emergency response team arrives," said Lomasney. "I bring what I need for the initial assessment, which includes everything from battle dressings to objects to keep the airway open."

Lomasney's specialized training increases the viability of the medical alert team. He is a certified emergency medical technician specializing in basic and cardiac care. Several hospital corpsmen assigned to the medical response team have made the extra effort to obtain additional certifications, according to Lt. Dennis MacDougall, NC, George Washington's nurse.

"The medical response team is one of the finest on the waterfront," he said. "Most of the certifications that the crews achieve are generally only for doctors and nurses."

It takes a lot of practice to be one of the best medical response teams on the waterfront.

"I try to make the drills that we put our teams through as challenging as possible," said MacDougall. "Instead of just a compound fracture, I'll throw in some unknown problems that are more indicative of multiple trauma. There might be a blood clot that moves from the wound to the heart and causes a pulmonary embolism or a wide variety of difficulties. A drill can never totally prepare you for the real thing, but I try to provide a challenge each and every drill."

There are two teams of six corpsmen, one team is led by the general medical officer, and a physician's assistant leads the other team. Each member is in charge of a specific area of expertise, which makes the entire procedure very efficient.

"We can safely get anywhere in the ship within four minutes," said MacDougall. "The teams bring all of the equipment that they may need for any eventuality. Their trauma bags are better equipped than most civilian ambulances. This includes a defibrillator and any medications that must be initially supplied."

The crew plays a role in these drills also. If there is a need for a stretcher, the team doesn't hesitate to call upon the George Washington's crew. "This is especially important in the case of multiple casualties," said MacDougall. "The entire crew receives basic first aid and stretcher bearer training at ship's indoctrination, and refresher training is broadcast over the ship's closed-circuit television system."

All of the drills that the medical response teams go through are in addition to any emergencies that may occur

during operations.

"We go through all this additional training because we want the crew of George Washington to trust our medical response team," said MacDougall.

"When we arrive on-scene at an emergency it will look like total chaos, but we all know our jobs and do our very best to ensure every patient receives the best possible care," said Lomasney. "They're in good hands."

-USN-

Headline: NMCP does more for pediatric cancer patients
By JO1 Patrick W. Schuetz

PORTSMOUTH, Va. -- Kaitlyn Ireland is normally an energetic five-year-old, by all accounts. Her mother Sharon says she can barely keep up with her. But today Kaitlyn isn't feeling well, and that has slowed her down.

Despite her normal abundance of energy, the kindergartner deals every day with a problem most believe should be reserved for the elderly. Kaitlyn has cancer. And for nearly two and a half years, she has been receiving daily and weekly doses of chemotherapy to combat the disease.

"I give her oral medication once daily, and the hospital sends a nurse to the house once a week to give her a shot," said her mother, referring to the Home Health Care Program available to them through Naval Medical Center, Portsmouth.

"They've made it a lot easier for us," says Sharon, who has two other children to look after also. "There's so much to do every day, but the hospital really takes our needs into consideration and tries to help out."

According to Cmdr. Paulette Bryant, MC, of NMCP's Pediatric Hematology/Oncology Division, arranging to have a health-care provider administer routine medications and other services in the home is just one of the initiatives of total patient care available through the hospital.

"We realize that making a trip into the clinic every week over a long period of time would be very disruptive to the family's schedule, so we're able to take the services to them by contracting through third-party providers," said Bryant. "There are many other things we do to assist the patient and their family as well."

When Kaitlyn was first diagnosed with acute lymphocytic leukemia in late 1997, following a visit to the branch medical clinic at Little Creek for flu-like symptoms and bruising, a Red Cross message was sent to Spain asking for the father to be sent home.

To expedite getting a sailor home under such circumstances, the commanding officer needs all the information about the crises. The staff at the hospital made a phone call and Kaitlyn's father, Electronics Technician 1st Class Bryan Ireland, was home the next day.

"Sometimes a commanding officer doesn't understand the severity of a situation," said Bryant. "So we call and personally let them know the importance of getting the

Sailor. People often times don't consider that there's a mother or father going through a very difficult time alone."

With that in mind, the clinic has four pediatric social workers available to assist parents and family members with emotional, as well as logistic support that might, at that point, be too overwhelming.

"We, of course, have the Chaplain's Corps which provides great emotional support, but we also have the social workers who always lend an ear to listen to the parent's concerns, or assist with permanent change of station moves by helping arrange school or daycare enrollment," said Bryant. "They also provide a liaison with the Fisher House here at NMCP if the parents need a place to stay."

"If it wasn't for the staff, I would have lost it!" said Sharon, relating her initial confusion following her daughter's diagnosis. "They really took over and took care of us."

The facility they're now using provides high quality care. Able to accommodate 29 in-patients if necessary, the new pediatric ward, which opened in April 1999, has never reached capacity.

"We have never sent a child away," said Capt. Joseph Torkildson, MC, head of the pediatric hematology-oncology division. "We feel more comfortable taking in critically ill children because of the complete care facilities. "

Complete care includes having onboard a pediatric intensive care unit, surgical management facilities and the ability to do MRI and CT scans, as well as a radiation therapy department and a full-range of chemotherapy services.

"Our patients also have unprecedented access to us, their primary providers," said Torkildson. "We have a duty doctor available by pager at all times who can be reached at a moment's notice to field questions."

As for Kaitlyn, statistics say she has roughly a 70 percent chance of recovering from her cancer and going on to graduate from high school. Her parents believe it's more.

"Kaitlyn doesn't let anything stop her. She's so full of energy. Right now she's learning to roller-skate," said her mother, "and she's got lots of friends."

-USN-

Headline: Dental Technician nominated for Sailor of the Year honors

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON -- A dental technician assigned to the Naval School of Health Sciences San Diego detachment is the BUMED representative for the 2000 Sailor of the Year (Naval Shore Activities) Award.

Dental Technician 1st Class Donald C. White, selected from 13 other participants, was nominated by his command, Naval School of Health Sciences, San Diego in recognition of his continuous dedication to duty and his inspirational leadership, among other qualities.

"He's the kind of person you want your Sailors to

emulate," said Master Chief Hospital Corpsman Russell Youngblood, CMC of Naval School of Health Sciences San Diego. "He is ready and willing to do any task, he doesn't have to be asked. I can always count on him."

Not only does White have strong leadership qualities; he walks the health and fitness walk as well as talking the talk. He has participated six times in the Navy Iron Man Triathlon and still tries to work out and run while finishing his undergraduate degree and teaching at the Tri-service Dental Assisting School at Sheppard Air Force Base, Texas.

"I'm excited to even be considered," said the husband and father of two young children. "It's something I'm really proud of."

White said that he was taught sustained superior performance was what a person needed to succeed. He has been selected as Sailor of the Year or Sailor of the Quarter several times.

"I've been fortunate to have good leaders guiding me," said White.

Navy Surgeon General, Vice Adm. Richard Nelson, MC, said, "Petty Officer White has tremendous energy and commitment and consistently takes on the most complex and challenging tasks."

-USN-

Headline: Senior medical officers trained for the Fleet
By Ensign J. R. George, MSC, Surface Warfare Medicine
Institute

SAN DIEGO -- The Surface Warfare Medicine Institute recently graduated a class of 28 U.S. Navy senior medical officers, as well as physicians from the Singapore and Royal Dutch Navies to provide better medical support to their Fleets.

The medical personnel completed the two-week Commander Amphibious Task Force Surgeon Course 2000. They studied subjects such as medical planning, casualty estimates, Commander Amphibious Task Force surgeon responsibilities, chemical, biological and radiological casualty management, among other subjects.

The course was not restricted to just classroom time, but also included functional tours of the USS Boxer (LHD 4) and USS Duluth (LPD 6). Expert panels discussed Navy & Marine Corps medical issues, medical information systems and women's health issues afloat.

Students were also introduced to the personnel transport module, which is designed to carry troops or casualties aboard a landing craft air cushion craft. After touring the vessel, students boarded and buckled down for a beachhead landing.

Upon arriving at Camp Pendleton's Red Beach, the senior medical officers were hosted by 1st Medical Battalion's highly mobile Shock Trauma Platoon as it set up in one of its many deployable postures.

In the classroom, students discussed lessons learned

from previous exercises and operations presented by line and medical representatives from staffs such as US Joint Forces Command, Naval Surface Force Pacific and Commander, Bureau of Medicine & Surgery, Naval Environmental and Preventive Medicine Unit FIVE and USNS MERCY, among others.

Speakers for the event included Dr. Steve Mannion, an international expert on landmine injuries; Chris Blood, an expert on casualty estimates from the Naval Health Research Center, and Capt. Skip Burkle, USN, from the Center for Excellence for Humanitarian Assistance and Disaster Relief.

"Our mission is to bring the best speakers and teachers we can to equip senior medical officers with tools needed to excel in the fleet. They will be advisors to the Amphibious Task Force Commanders on all issues involving the health service support of Marines and Sailors forward deployed," said Capt. Jeffrey Young, MC, the officer-in-charge of the Surface Warfare Medicine Institute.

"In this age of Military Operations Other Than War, low intensity conflicts and other complex contingencies, line commanders are looking to their medical officers for advice," said Lt. Cmdr. Tim Quiner, MC, of the Surface Warfare Medicine Institute.

The next Commander Amphibious Task Force Surgeon Course will be offered in February 2001. For more information visit the Surface Warfare Medicine Institute at <http://www.nomi.navy.mil/swmi/swmil.htm>

-USN-

Headline: Swimmer gets second chance at life

By HMC(SW) David J. Harrell, U.S. Naval Hospital Guam

AGANA, Guam -- Imagine you are swimming just off the beach on a beautiful Saturday afternoon. You are just relaxing and enjoying the water. Suddenly you are grabbed by a strong current and pulled out to sea. What can you do?

Hospital Corpsman 3rd Class David Slagle of the hospital's radiology department had this exact experience the afternoon of February 12 at the Haputo Beach.

"I was swimming on the beach with the waters at thigh level when suddenly a strong current came along and pulled me out into the ocean," said Slagle.

Slagle struggled to stay afloat for approximately two hours.

"I quit fighting the current and went with it out to sea", he said. "I was pretty scared being tossed around in the waters, hitting the rocks below and having two sharks brush against me. If it wasn't for my advanced training in scuba diving and being a life guard, I wouldn't have been able to stay afloat for two hours."

A helicopter rescue team, contacted by people who had spotted Slagle struggling in the water, pulled him from the ocean and took him to the Naval hospital emergency room where he was treated and released.

The area where Slagle encountered the rogue current around the reef is known to have cost swimmers their lives.

Keeping a cool head under pressure gave Slagle a second chance for life.

-USN-

Headline: Reserve fleet hospital teams train in cold weather
By Lt. Deborah Spulecki and Lt. Youssef H. Abul-Enein Naval
Hospital Great Lakes

FORT MCCOY, Wisc. -- As the nation braced for a winter storm that closed down Washington, D.C., and dumped a foot of snow in Chicago last month, 59 reservists from Reserve Fleet Hospital Great Lakes trekked through wintry terrain at Fort McCoy, Wisc., conducting cold weather training for two days from February 11-13.

Equipped with snowshoes, skis, field maps and compasses, the Navy medical reservists pulled sleds to simulate real life evacuation and transport of patients to an ambulance.

"Under such conditions teamwork is paramount," said Chief Hospital Corpsman (FMF) Peter Vellejo, of Cleveland, Ohio.

As part of their training the team also learned the types of casualties encountered in a cold weather environment.

Naval Reserve Fleet Hospital Great Lakes comprises 25 medical detachments located in Illinois, Indiana, Michigan and Ohio. These reserve personnel are capable of deploying, erecting and operating a 500-bed Fleet Hospital and may be called upon to provide medical care in humanitarian operations.

-USN-

Headline: Dental Center REACHes out with health promotions.
By Lt. Cmdr. Dan Pacheco, MSC, Naval Dental Center Great
Lakes

GREAT LAKES, Ill. -- There is truth in the old maxim, 'you never get a second chance to make a first impression.' The health promotion staff at Naval Dental Center Great Lakes is taking advantage of its first chance by applying Recruit Education to Achieve Health or REACH to positively impact the health of the recruits entering Naval Training Center (NTC) there.

In conjunction with the Naval Training Center Health Promotion team, NDC staff are educating all newly reporting staff, students and recruits about numerous health promotion topics

"The REACH Program incorporates oral hygiene and nutritional counseling practices early in basic training and continues throughout the recruit and service school training period," said McGinley.

Cmdr. Paul Leupke, DC, and the dental hygiene staff at the USS Osborne Recruit Dental Treatment Clinic have recently added another phase to the command's program that incorporates group oral health presentations in the recruit waiting rooms.

McGinley and Cmdr. Larry Williams, DC, NDC tobacco education coordinator, have developed an evening tobacco intervention and dental health awareness presentation for recruits preparing to graduate.

"These live presentations are being taped and then shown to newly reporting recruits and recruits waiting for dental treatment in RTC facilities. With this additional knowledge, new accessions are now able to make more informed decisions on their dental care and the care of their family," said Williams.

Additionally, health education has been incorporated at all base galleys. Nutritional posters and tobacco table displays are available for the recruits and service school students to view while waiting in line for meals.

The combined efforts of Naval Dental Center Great Lakes and the Naval Training Center health promotion team has lead to many other innovative health education efforts. NDC was the leader in coordinating the 1999 Great American Smokeout, whereby educational posters were displayed throughout the Naval Training Center complex in the exchange, commissary, hospital, dental and medical clinics. Naval Dental Center will also provide male and female wellness education to the recruits and service school students.

McGinley said, "All of these efforts have resulted in several valuable lessons learned. Navy dentistry does indeed offer a very teachable moment, and we should take every advantage of these moments so that informed Sailors are better able to make positive lifestyle decisions."

For more information about Naval Dental Center Great Lakes programs, contact Cmdr. John McGinley, DC, at 847-688-2100, ext. 3314, DSN 792-2100, ext. 3314 or Cmdr. Larry Williams, DC, at 847-688-3331, DSN 792-3331. You may also reach them via e-mail at jlmcginley@gl.med.navy.mil or lnwilliams@gl.med.navy.mil.

-USN-

Headline: Award for Excellence in military medicine
nominations
From Bureau of Medicine and Surgery

WASHINGTON -- Nominations are being taken for the "Chairman of the Joint Chiefs of Staff Award for Excellence in Military Medicine." This award is presented to a member of the medical department in any of the three branches of the Armed Forces. Each Service Surgeon General nominates an officer who has demonstrated outstanding leadership potential, initiative and character that places them clearly ahead of their peers. This award is sponsored by the Chairman of the Joint Chiefs of Staff and co-sponsored by the Assistant Secretary of Defense for Health Affairs, and the President of USUHS.

Those selected must be in the grades of 03-05. Selection is based on past and current achievements in military medicine that promise contributions to the health and well-being of our Sailors, Marines, and all military

families. These contributions are based on improvements in force health protection, medical care, scholarly pursuits, medical research, and most importantly, leadership potential. It recognizes the awardees' potential to be among the future leaders of their military medical department.

Primary BUMED contact is Lt. Cmdr. Mark Friend, MSC. Phone (202) 762-3059 or email mafriend@us.med.navy.mil. Visit the Medical Corps web site at <http://bumed.med.navy.mil/med00mc/default.htm> for more information. Nomination packages must be received by April 30.

-USN-

Headline: Anthrax question and answer
From Bureau of Medicine and Surgery

Question: How many DoD and Coast Guard personnel will be vaccinated?

Answer: Eventually the total active duty and reserve component force, plus civilians designated as emergency-essential, will be vaccinated. This would total 2.4 million military personnel, including more than 1 million members of the National Guard and Reserves. The Coast Guard contingent numbers about 40,000, including 7,000 members of the USCG Reserve.

Between now and 2003, the entire force, including all people entering military service, will begin receiving the six-shot series of the anthrax vaccination in a phased program.

- Phase 1: Forces assigned now or rotating to designated high-threat areas.
- Phase 2: Early deploying forces into high-threat areas. [Begins in 2000.]

- Phase 3: Remainder of the force, people entering military service, plus booster doses for those vaccinated earlier.

For more information visit the Navy anthrax web site at <http://www-nehc.med.navy.mil/prevmed/immun/anthrax.htm>, or the DOD anthrax web site at <http://www.anthrax.osd.mil/>.

-USN-

Headline: TRICARE question and answer
From Bureau of Medicine and Surgery

Question: My PCM refuses to provide a referral for services I believe I need. What do I do?

Answer: The TRICARE Prime program has provisions for second opinions. If you feel that the diagnosis or treatment plan may not be correct, you can request that your Primary Care Manager refer you out for a second opinion. Additionally, if you are dissatisfied with your Primary Care Manager (PCM), you can request assignment to another PCM. If you are still not satisfied, you can file a complaint or grievance regarding the non-availability of service decision

to the MTF Commander or Regional Lead Agent. Finally, you have the option of using the Point-of-Service option under Prime. A retroactive reimbursement may be an option through a successful appeal process.

For more information visit the TRICARE web site at <http://www.tricare.osd.mil>

-USN-

Headline: Healthwatch: How to reduce your risk of tooth decay
From Bureau of Medicine and Surgery

WASHINGTON -- Tooth decay ("dental caries") is a complex disease process, caused by bacteria, and mediated by other important factors. Nearly everyone has the bacteria that cause tooth decay. But, the two primary factors that control these bacteria, and therefore, determine whether you get new cavities are your diet and the amount of fluoride your teeth receive.

We think it's important that you know there are many things you can do to reduce your risk for getting more cavities in the future.

Reduce the number of times per day that you eat sugars.

People who have more than three to five exposures to sugars per day tend to develop a greater number of cavities. Exposures are "eating occasions" separated by at least 20 minutes. For example, a bowl of sugar coated cereal at 9 a.m. followed immediately by a handful of M&Ms is considered one exposure; a bowl of Frosted Flakes at 9 a.m., followed by the M&Ms at 9:20 or 9:30 a.m. is considered two exposures.

Why is 20 minutes a factor? Whenever you eat, the bacteria in your mouth eat, too; they metabolize refined carbohydrate to acid, and it takes about 20 minutes for the acid to clear from your mouth. The more frequently this acid is produced, the more likely it becomes that you will develop tooth decay. So, don't keep soda (there are 12 teaspoons of sugar per can) or coffee with sugar on your desk and sip on it throughout the day - this provides the bacteria with a continual supply of sugar!

Sweets aren't the only foods that promote acid formation and tooth decay. Many foods that people generally consider "healthy" - fruit juices, sports drinks, and dried fruit (like raisins) - contain high levels of refined carbohydrates. So do snack foods such as potato chips, pretzels, and crackers (even saltines).

Even diet sodas, although they contain artificial sweeteners, can be harmful because they are naturally acidic. On the other hand, fresh fruits and many cheeses do not promote tooth decay. You can not and should not eliminate all carbohydrate from your daily diet. Instead, try to reduce your number of between meal snacks and limit your refined carbohydrate intake to mealtimes.

Brush your teeth three times a day with fluoride toothpaste

Fluoride helps make your teeth more resistant to the decay process. Whenever possible, brush immediately after

meals and snacks. This removes food particles and helps clear the bacterial acids more quickly.

Incidentally, contrary to popular belief, rinsing with water after meals has very little effect on bacterial acids, although it may help clear food debris. For maximum benefit, your teeth need frequent exposure to fluoride - brush for at least 2 minutes, three times each day. Always use a soft toothbrush and floss your teeth at least once each day.

Use a fluoride mouth rinse at bedtime

While you're asleep, your salivary flow diminishes, leaving your teeth less protected from bacterial acids. This is the most important time of day to clean your teeth.

So, just before you go to bed, after you've brushed and flossed, rinse with a 0.05% sodium fluoride rinse (Act? and Fluoriguard? are examples - available in supermarkets), and then don't have anything else to eat or drink. This gives your teeth a "boost" of fluoride protection.

Chew sugarless gum

Chewing sugarless gum increases your salivary flow, which helps to neutralize and clear bacterial acids. If you chew gum, use a sugarless gum such as Trident?, Extra?, or Carefree? because the bacteria in your mouth generally cannot metabolize "non-sugar" sweeteners. If you follow the suggestions listed above, you will substantially reduce your risk of tooth decay. Your dentist can recommend more specific strategies based on your individual needs.

-USN-

Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

-USN-

-USN-